

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10 582457

FILING DATE
6-12-2006

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 1 st AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		/		/		
5	/		/			
6		/		/		
7		/		/		
8		2		/		
9		2		/		
10		2		/		
11		2		/		
12	1	1		/		
13	1	1		/		
14	1	1		/		
15	1	1		/		
16	1	1		/		
17	1	1		/		
18	1	1		/		
19	1	1		/		
20	1	1		/		
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29	1	1		/		
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31	1	1		/		
32	1	1		/		
33				/		
34				/		
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45				/		
46				/		
47				/		
48				/		
49				/		
50				/		
TOTAL IND.	2					
TOTAL DEP.	33					
TOTAL CLAIMS	35					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 1 st AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			/			
52				/		
53				/		
54				/		
55				/		
56				/		
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89				/		
90				/		
91				/		
92				/		
93				/		
94				/		
95				/		
96				/		
97				/		
98				/		
99				/		
100				/		
TOTAL IND.			3			
TOTAL DEP.			32			
TOTAL CLAIMS			35			